



**CHRISTIANA CARE**  
HEALTH SERVICES

4755 Ogletown-Stanton Road  
PO Box 6001  
Newark, Delaware 19718-6001

302-733-1000

RECEIVED  
JAN 17 2013  
3:00 PM

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JAN 17 2013  
3:00 PM

January 09, 2013

Environmental Protection Agency  
Director  
Air Protection Division  
1650 Arch Street  
Philadelphia, PA 19103

Subject: Initial Notification 40 CFR 63 Subpart ZZZZ

Dear Sir / Madam:

Enclosed is the Initial Notification Report for Christiana Care Health Services Middletown Free Standing Emergency Department facility. The generator has been installed and initial start up will take place January 9, 2013. The Initial Notification documents were previously submitted to the DNREC Division of Air and Waste Management to obtain the construction permit and ultimately the operating permit.

Please feel free to contact me at (302) 733-3788 if you have any questions.

Sincerely,

Jeffrey Krebs,  
Mechanical Engineering Manager

## Initial Notification of Applicability<sup>b</sup>

National Emission Standards for Hazardous Air Pollutants:  
Stationary Reciprocating Internal Combustion Engines  
**40 CFR Part 63 Subpart ZZZZ**

☒ Yes, I am subject to 40 CFR Part 63 subpart ZZZZ National Emission Standards for  
Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines

NAICS code(s): 622110

Compliance Date: ☐ Existing source: May 3, 2013 ☒ New/reconstructed source: upon initial startup

**Note: The May 3, 2013 compliance date for existing sources applies to the following engine types:**

- Existing non-emergency compression ignition (CI) stationary RICE with a site rating of more than 500 brake HP located at a major source of HAP emissions
- Existing stationary CI RICE with a site rating of less than or equal to 500 brake HP located at a major source of HAP emissions
- Existing stationary CI RICE located at an area source of HAP emissions

Company name: Christiana Care Health Services, Inc.

Facility name (if different): Middletown Freestanding Emergency Department

Facility (physical location) address: 653 Middletown Odessa Road  
Middletown, DE 19718

My facility is a (please choose one): ☐ Major source ☒ Area source

Owner name/title: Robert A. Mulrooney  
Vice President Facilities and Services

Owner/company address: Christiana Care Health System  
4755 Ogletown Stanton Road  
Newark, DE 19718

Owner telephone number: (302) 733-3995

Owner email address (if available): rmulrooney@ christianacare.org

If the Operator information is different from the Owner, please provide the following:

Operator name/title: \_\_\_\_\_


Operator telephone number: \_\_\_\_\_

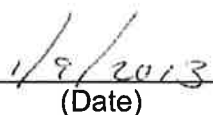
Operator email address (if available): \_\_\_\_\_

Brief description of the stationary RICE at the facility, including number of engines and the site-rated HP of each engine:

Emissions unit: A single 600 kW Stationary Emergency Generator set.  
Prime mover is a Caterpillar Model C18 diesel engine rated at 900 horsepower.  
Serial Number: G7AO4148.

I hereby certify that the information presented herein is correct to the best of my knowledge.

  
(Signature)

  
(Date)

Robert A. Mulrooney, VP Facilities and Services  
(Name/title)

(302) 733-3994  
(Telephone No.)

Submit by Email

Print Form

**STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL  
AIR QUALITY MANAGEMENT SECTION**

**STATIONARY GENERATOR INITIAL NOTIFICATION**

*The submittal of this information to the Department satisfies the "Initial Notification" requirement of Regulation No. 1144, Section 1.4. Please submit a separate information form for each generator in order to meet the Initial Notification requirement.*

Submit the completed Initial Notification by doing one of the following:  
1. Press the "Submit by Email" button above or below, and follow the directions given;  
2. Print completed form, and fax a copy to (302) 739-3106; or  
3. Print completed form, and mail the Initial Notification to...

For information about  
Regulation No. 1144  
"Control of Stationary  
Generator Emissions,"  
or for help filling out this form,  
call Air Quality Management at:

**Air Quality Management, Attention: Reg. 1144 Initial Notification  
655 S. Bay RD, Suite 5N, Dover, DE 19901**

**(302) 739-9402**

**1. GENERATOR OWNER INFORMATION**

First Name: Robert M.I.: A Last Name: Mulrooney

Company Name (if applicable): Christiana Care Health Services

Address: 4755 Ogletown-Stanton Rd

PO Box 6001

City: Newark State: DE Zip Code: 19718

Telephone Number: 302-733-3994

**2. GENERATOR INFORMATION**

Physical address of generator: 653 Middletown Odessa Rd

City: Middletown State: DE Zip Code: 19709

Coordinates (if known): Latitude: 39.45 Longitude: -75.68

Make: Caterpillar

Model: C18

Year of Manufacture: 2012

Serial Number: Engine Gen. Set No. 1 (New Genset, will provide ser. no. during construction)

Standby Power Rating (kW): 600

Prime Power Rating (kW): 540

**STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL  
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**STATIONARY GENERATOR INITIAL NOTIFICATION (Page 2)**

**2. GENERATOR INFORMATION (continued)**

Engine Horsepower (hp): 900

Fuel Type: No. 2 Fuel Oil

Please list or describe any emissions control devices installed on the generator (i.e., any method, process, or equipment which removes or reduces air contaminants discharged into the atmosphere).

Turbocharged

Low Temperature Aftercooled

**3. DATE OF INSTALLATION**

08/2012

This is the date which the emplacement of the generator began, or will begin.  
See Regulation No. 1144 for a complete definition of "installation."

**4. GENERATOR CLASSIFICATION**  
(Please choose one)



Emergency  
Generator

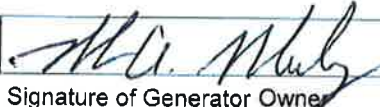


Distributed  
Generator

An emergency generator may operate only during an emergency (e.g., a power outage, or a significant voltage or frequency deviation), for maintenance, or for testing. A distributed generator may operate for these purposes, as well as for any other non-emergency purpose. See Regulation No. 1144 for complete definitions of these terms.

**5. SIGNATURE OF GENERATOR OWNER**

I, the undersigned, hereby certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and any of its attachments as to the truth, accuracy, and completeness of this information. I certify based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete. By signing this form, I certify that I have not changed, altered, or deleted any portions of this notification.

  
Signature of Generator Owner

6/15/2012  
Date